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TO:	Examiner Donna A. Jagoe	FAX #:	703-872-9306
FROM:	Kenneth I. Kohn	DATE:	June 18, 2004
RE:	USSN 10/075,715	CLIENT #:	1059.00073

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Date 2/20/04 Attorney AER/ch Docket No. 1059.00073

USSN 10/075,715 Applicant Michael Chopp, et al.

Express Mail No. EV407003360US

Specification pages Check No. 1577 \$ 440.00
Claims pages Fee Transmittal Sheet
Abstract pages Response to Invitation to Correct Defects
Drawings sheets Response to Notice / Missing Parts
 formal informal Sequence Listing pages & Diskette
Dra/PQA signed unsigned Request for Corrected Filing Receipt

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Date 2/20/04 Attorney AER/ch Docket No. 1059.00073

USSN 10/075,715 Applicant Michael Chopp, et al.

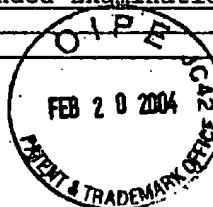
Express Mail No. EV407003360US

<input type="checkbox"/> Specification	<input type="checkbox"/> pages	<input checked="" type="checkbox"/> Check No. 1577 \$ 440.00	
<input type="checkbox"/> Claims	<input type="checkbox"/> pages	<input type="checkbox"/> Fee Transmittal Sheet	
<input type="checkbox"/> Abstract	<input type="checkbox"/> pages	<input type="checkbox"/> Response to Invitation to Correct Defects	
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<input type="checkbox"/> Dec/POA	<input type="checkbox"/> signed	<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Letter of Transmittal	<input type="checkbox"/> entity	<input type="checkbox"/> Status Inquiry	
<input checked="" type="checkbox"/> xx USPS Certificate of Mailing		<input type="checkbox"/> PCT Request	
<input type="checkbox"/> Disclosure Statement	<input type="checkbox"/> references	<input type="checkbox"/> Petition	
<input type="checkbox"/> Issue Fee Transmittal		<input type="checkbox"/> Request for Continued Examination	
<input type="checkbox"/> Affidavit	<input type="checkbox"/> pages	<input type="checkbox"/> (RCE) Transmittal	
<input type="checkbox"/> Notice of Appeal			
<input checked="" type="checkbox"/> xx Amendment	<input type="checkbox"/> 9 pages		
<input type="checkbox"/> Response	<input type="checkbox"/> pages		
<input type="checkbox"/> Brief	<input type="checkbox"/> pages	<input type="checkbox"/> copies	
<input type="checkbox"/> Petition for	<input type="checkbox"/> Extension of Time		
<input type="checkbox"/> Assignment & Recordation Cover Sheet			
PTO-1390 (DO/EO/US)		<input type="checkbox"/> pages	

O I P E

FEB 20 2004

PATENT & TRADEMARK



<p style="text-align: right;">EV 40700</p>  <p style="text-align: right;">EV 4070</p> 		<input type="checkbox"/> Informal <input type="checkbox"/> Dec/POA <input type="checkbox"/> signed <input type="checkbox"/> unsigned <input type="checkbox"/> Letter of Transmittal <input type="checkbox"/> entity <input checked="" type="checkbox"/> USPS Certificate of Mailing <input type="checkbox"/> Disclosure Statement <input type="checkbox"/> references <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Affidavit <input type="checkbox"/> pages <input type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Amendment 9 <input type="checkbox"/> pages <input type="checkbox"/> Response <input type="checkbox"/> pages <input type="checkbox"/> Brief <input type="checkbox"/> pages <input type="checkbox"/> copies <input type="checkbox"/> Petition for <input type="checkbox"/> Extension of Time <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> PTO-1390 (DO/EO/US) <input type="checkbox"/> pages																															
<p>ORIGIN (POSTAL USE ON)</p> <p>PO ZIP Code: 48083</p> <p>Date in Year: 2004</p> <p>Mo.: May</p> <p>Time: 10:25 AM</p> <p>Weight: 4</p> <p>No Delivery <input type="checkbox"/></p> <p><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday</p> <p>CUSTOMER USE ONLY</p> <p>METHOD OF PAYMENT: Express Mail Corporate Acct. No.:</p>		<p>Day or Date: 2-25</p> <p><input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/> Postage <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> Military</p> <p><input type="checkbox"/> and Day <input type="checkbox"/> 3rd Day</p> <p>Intl Alpha Country Code: CA</p> <p>Accepting Party Initials: JG</p> <p>Total Postage & Fees: \$ 15.05</p>																															
		<p>Delivery Attempt</p> <table border="1"> <tr> <td>Mo.</td> <td>Day</td> <td>Time</td> <td>AM</td> <td>PM</td> <td>Employee Signature</td> </tr> <tr> <td colspan="2">Delivery Date:</td> <td colspan="3">Time:</td> <td></td> </tr> <tr> <td>Mo.</td> <td>Day</td> <td>Time</td> <td>AM</td> <td>PM</td> <td></td> </tr> <tr> <td colspan="2">Delivery Date:</td> <td colspan="3">Time:</td> <td></td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> WAIVER OF SIGNATURE (Check if you do not want signature on delivery slip) If delivery is requested, I will return to be made with addressee or addressee's agent/representative. I understand that no signature is required if addressee is absent or if addressee declines to sign. <input type="checkbox"/> NO DELIVERY (Check if delivery is refused) </td> </tr> </table> <p>Federal Agency Acct. No. or Postal Service Acct. No.:</p>		Mo.	Day	Time	AM	PM	Employee Signature	Delivery Date:		Time:				Mo.	Day	Time	AM	PM		Delivery Date:		Time:				<input type="checkbox"/> WAIVER OF SIGNATURE (Check if you do not want signature on delivery slip) If delivery is requested, I will return to be made with addressee or addressee's agent/representative. I understand that no signature is required if addressee is absent or if addressee declines to sign. <input type="checkbox"/> NO DELIVERY (Check if delivery is refused)					
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